

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012989

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3119

STATE FILE NUMBER

VS 300
Rev. 4/59

1

28120

3

4 0

5 1

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7 1

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11

1252-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED APR 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITALInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois COUNTY Alexander

c. CITY OR TOWN Cairo Inside Limits:
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location) 320 Elmwood
Reside on Farm:
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RAYMOND

DESMOND

MERRIT

4. DATE
OF DEATH

Month

Day

Year

MARCH

21

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9-25-1921

9. AGE (last birthday)

40

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Repairman

10b. KIND OF BUSINESS OR INDUSTRY

Radio & T.V.

11. BIRTHPLACE (City and state or country)

Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

--- Merrit

13b. MOTHER'S MAIDEN NAME

Ollie Adams

14. NAME OF HUSBAND OR WIFE

Margaret Merrit

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W.W.#2

16. SOCIAL SECURITY NO.

17. INFORMANT

Margaret Merrit

Cairo, Illinois

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) RIGHT LOWER LOBE PNEUMONIA

INTERVAL BETWEEN:
ONSET AND DEATH:
10-14 DAYSConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) SEVERE PULMONARY EMPHYSEMA AND BRONCHIECTASIS

UNDETERMINED

DUE TO (c) 527.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from MARCH 18, 1962 to MARCH 21, 1962 and last saw her alive on MARCH 21, 1962

Death occurred at 11:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

3/22/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

3-24-62

23c. NAME OF CEMETERY OR CREMATORY

Spencer Heights

23d. LOCATION (City, town, or county)

Mounds, Illinois

(State)

24. FUNERAL DIRECTOR

Berbling-Karcher

ADDRESS

Cairo, Illinois

25. DATE RECD. BY LOCAL REG.

MAR 22 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

VS APR 6 - 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. 5039

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Karsely III

Licensed Embalmer No. 5039

P. O. Address

E. H. Linn, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.